# **DIRECT DEBIT APPLICATION**

#### How does Direct Debit work?

Direct Debit lets you authorize the payment of your utility bill directly from a checking account or credit card. In other words, your check writing days are over! Direct Debit means you won't have to worry about late payment fees or bother with envelopes, stamps and mailboxes again!

# How will I know how much is being deducted?

You'll still receive a copy of your bill. If you have questions about specific charges, simply contact The City of Horseshoe Bay. Otherwise, your bill will be paid automatically.

# When will my bill be paid?

For both the "Checking Account Debit" and the "Credit Card Debit" option, payment automatically takes place approximately five (5) business days after you receive your bill.

#### What do I save with Direct Debit?

Since your bill is paid automatically, you save on check charges, postage and, most importantly, time.

# What if I later decide I do not want Direct Debit?

Simply notify us in writing and we'll discontinue your enrollment.

# How do I put Direct Debit to work for me?

Just complete and return the Application (a voided check is required for checking account debit).

Is there a charge for Direct Debit?

No.

# What if I have multiple bills from The City of Horseshoe Bay?

You'll need to fill out an application for each account you have. Please call a customer service representative at 830/598-8741 if you have any questions.

Please complete the "Direct Debit Application" section and then sign the "Authorization Agreement". Next, complete EITHER the "Credit Card Debit" OR "Checking Account Debit" section. If you choose the "Checking Account Debit" option, include a voided check and mail back to The City of Horseshoe Bay.

Please continue to pay your bill as usual until a message appears on your bill stating that the bill will be paid by Direct Debit.

Name (as shown on bi	ll) Last	s Section to be completed or	First	M.I.
Account Number			1100	
Physical Address				
Billing Address				
City		State	Zip	
Authorization Agree	ement		•	
		the financial institution designate	d in this application to	charge the account/credit c
		vice. I understand that a \$25.00		
eturned for non-sufficie	nt funds. If two requests	are returned for non-sufficient fu	nds, I will be excluded	from the plan. In addition
		The City of Horseshoe Bay reserv		
		discontinue my enrollment in this	s plan. If I so choose,	I will provide written not
upon receipt of my bill, to	o The City of Horseshoe	вау.		
			Phone	
	o The City of Horseshoe		Phone	
Signature		Date	Phone	
Signature		Date	Phone	
Signature PLEASE SELECT <i>O</i> Credit Card Debit	NE OF THE FOLLO	Date WING OPTIONS:	Phone	
Signature  PLEASE SELECT O  Credit Card Debit  Card Type:	NE OF THE FOLLO	Date  WING OPTIONS:     MasterCard		
Signature  PLEASE SELECT O Credit Card Debit Card Type: Account Number *	NE OF THE FOLLO	Date	Exp. Date*	
PLEASE SELECT O Credit Card Debit Card Type: Account Number * Name (as it appears or	NE OF THE FOLLO  ☐ VISA  1 your card)	Date  WING OPTIONS:    MasterCard	Exp. Date*_	
PLEASE SELECT O Credit Card Debit Card Type: Account Number * Name (as it appears or Billing Address	NE OF THE FOLLO  ☐ VISA  1 your card)	Date  WING OPTIONS:  ☐ MasterCard	Exp. Date*_	
PLEASE SELECT O Credit Card Debit Card Type: Account Number * Name (as it appears or Billing Address	NE OF THE FOLLO  ☐ VISA  1 your card)	Date  WING OPTIONS:    MasterCard	Exp. Date*_	
PLEASE SELECT O Credit Card Debit Card Type: Account Number * Name (as it appears on Billing Address City	NE OF THE FOLLO  ☐ VISA  1 your card)	Date  WING OPTIONS:  ☐ MasterCard	Exp. Date*_	
Signature  PLEASE SELECT O Credit Card Debit Card Type: Account Number * Name (as it appears on Billing Address City Checking Account 1	NE OF THE FOLLO  ☐ VISA  1 your card)  Debit	DateDate	Exp. Date* Zip	
PLEASE SELECT O Credit Card Debit Card Type: Account Number * Name (as it appears or Billing Address City Checking Account I Financial Institution_	NE OF THE FOLLO  ☐ VISA  1 your card)  Debit	Date  WING OPTIONS:  ☐ MasterCard	Exp. Date* Zip	

Include a voided check from your account. Make certain your check is marked VOID

\*To avoid a late notice/charge, it is your responsibility to inform The City of Horseshoe Bay of a change in exp. date or account #.